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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number			Filing Date		To be Mailed	
	Al	PPLICATION A	OTHER THAN SMALL ENTITY OR SMALL ENTITY											
(Column 1) FOR NUMBER FILED					(Column 2) NUMBER EXTRA			RATE (\$) FEE (\$)			OK.	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A			N/A	rc.	E (4)		N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A			N/A				N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	or (q))	N/A		N/A			N/A				N/A		
_(37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =			OR	x \$ =		
(37	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =				x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 addit	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar			oplication size fee due I entity) for each r fraction thereof. See						-		•
	MULTIPLE DEPEN													
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		,		TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT	427/9	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOU PAID FO	ER PRESENT OUSLY EXTRA OR			RATE (\$)	ADDIT	FIONAL \$)		RATE (\$)		ITIONAL EE (\$)
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	Application Size Fee (37 CFR 1.16(s))										×			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
								TOTAL ADD'L FEE	Y		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)														
1		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE (\$).	ADDIT	ΓIONAL \$)		RATE (\$)		(ITIONAL EE (\$)
Ä	Total (37 CFR 1.16(i))	•	Minus	**		=		x s . =			OR	x \$ =		
₫	Independent (37 CFR 1.16(h))	٠	Minus	***		2		x \$ =			OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	TOTAL ADD'L FEE		
The	the "Highest Numb If the "Highest Numb If the "Highest Number F	er Previously Paid per Previously Paid Previously Paid For	For" IN TH For" IN T (Total or	HIS SPACE HIS SPACE Independe	is less E is less nt) is the	than 20, enter "20 than 3, enter "3". e highest number	foun		MCN Opriate b	IILLAN/	mn 1.			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.